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PTO/SB/21 (04-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/749,911
		Filing Date	December 30, 2003
		First Named Inventor	Peter S. AVRITCH
		Art Unit	2142
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	559292000100

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Thomas E. Ciotti - 21,013
Signature	
Date	October 15, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 15, 2004

Signature: (Thao T. Pham)



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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/749,911
	Filing Date	December 30, 2003
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	Art Unit	2142
	Examiner Name	Not Yet Assigned
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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.

the attorneys/agents (with registration numbers) listed on the attached paper(s), or

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The reasons for this request are:

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CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

Customer Number:

OR

Firm or Individual Name **Alan Hodes (Beyer Weaver & Thomas LLP)**

Address	590 W. El Camino Real				
City	Mountain View	State	California	Zip	94040
Country					
Telephone	(650) 961-8300			Fax	(650) 961-8301
Name	Thomas E. Ciotti				
Signature	<i>Thomas E. Ciotti</i>		Registration No.	21,013	
Date	October 15, 2004		Telephone No.	(650) 813-5702	

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PTO/SB/83 (09-03)

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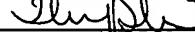
Firm or Individual Name: Alan Hodes (Beyer Weaver & Thomas LLP)

Address	590 W. El Camino Real		
City	Mountain View	State	California
Country			
Telephone	(650) 961-8300		Fax (650) 961-8301
Name	Thomas E. Ciotti		
Signature	<i>Thomas E. Ciotti</i>	Registration No.	21,013
Date	October 15, 2004	Telephone No.	(650) 813-5702

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